



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-9090 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

CLASS T LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application

{This application is subject to review by the public}

Event Name: _____

Event Address: _____

Date(s) of event(s) / Hours of operation: _____

Types of License(s) being applied for: _____

Fees

Organization Name: _____

Organization Address: _____

Preferred Mailing Address: _____

Contact Name: _____

Phone Number : _____

List all other officers of the Organization(use additional pages if necessary):

Officer Name	Title	Home Address	Home Phone	Business Phone	Date of Birth
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If you answer No to being a US Citizen above, please provide a copy of your work authorization from US Immigrations

MINNESOTA TAX IDENTIFICATION NUMBER

Pursuant to the Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), licensing authorities are required to provide to the State of Minnesota Commissioner of Revenue, the Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of the Minnesota Tax Id Number:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Minnesota Tax Identification Numbers (Sales & Use Tax Number) may be obtained from the State of Minnesota, Business Records Department, 600 Robert Street North, Saint Paul, MN (651-296-6181).

Minnesota Tax Id / Tax Exemption Number : _____

If a Minnesota Tax Id is not required for the business being operated, indicate so by placing an "X" in the box. ☐

ANY FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF THIS APPLICATION

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted.

Signature (REQUIRED for all applications) _____ Date _____

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Month/Year ►

Enter Account
Number ►

Signature of Cardholder: _____

Date : _____

If Applying for:

Close Out Sale <ul style="list-style-type: none">➤ Attach a letter stating the reason for the sale, and a list of inventory, including wholesale or retail prices.➤ Complete the attached affidavit.
Entertainment (for liquor establishments without an annual entertainment license) <ul style="list-style-type: none">➤ Attach a letter requesting the temporary entertainment license. The letter should include the name and date of the event, hours of operation, and location of entertainment. NOTE: Limit of 3 per year
Liquor-Extension of Service Area (for establishments with an annual liquor license) <ul style="list-style-type: none">➤ Attach a letter requesting the extension of service area for liquor and/or entertainment.➤ The letter should include the name and date of the event, hours of operation, location of liquor service, and type of security and enclosures to be provided.➤ Attach district council approval or petition of approval from 60% or more of your neighbors within 300 feet.➤ Provide a notice 30 days prior to proposed event to all residents within 300 feet. NOTE: Limit of 12 per year.
Liquor Catering (for establishments with a State Catering License and City On Sale Liquor License) <ul style="list-style-type: none">➤ Complete Special Event Food Review and License Application (must apply for the annual license).
Liquor Catering (for establishments with a State Catering License and no City Liquor License) <ul style="list-style-type: none">➤ Attach a diagram showing the liquor service area and the security provided.➤ Attach a letter of intent for requesting the temporary license. The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which liquor will be sold/served, and the proposed use and disbursement of profits from the sales.➤ (If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or person with lawful responsibility for premise from which license is being requested.➤ (If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.➤ Attach liquor liability insurance.➤ Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor coverage.
Liquor, Wine or Malt (3.2) On Sale-Temporary (for non-profit organizations only) the non-profit organization must be in existence for at least three (3) years. <ul style="list-style-type: none">➤ Attach proof of non-profit status and letter of intent for requesting the temporary license. The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which liquor will be sold/served, and the proposed use and disbursement of profits from the sales.➤ (If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or person with lawful responsibility for premise from which license is being requested.➤ (If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.➤ Attach liquor liability insurance.➤ Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor coverage. NOTE: <ul style="list-style-type: none">➤ Alcohol Awareness Training is required yearly per organization.➤ Limit of one (1) temporary license per organization at any one location within a 30-day period.➤ No outside service area shall be permitted unless safety barriers or other enclosures are provided.➤ No outside service area shall be located on public property or upon any street, alley, or sidewalk.
Liquor – Under Age Access (Temporary) <ul style="list-style-type: none">➤ Must have an “Active” Liquor On Sale license➤ Attach a floor plan of where event will be held➤ Attach a detailed service plan to of age patrons➤ Attach a detailed plan of separating underage patrons NOTE: <ul style="list-style-type: none">➤ Limit of 12 Annually➤ No more than 1 within 3 weeks of another event
Tag Days <ul style="list-style-type: none">➤ Attach a letter requesting the tag days license. The letter should include the purpose and use of solicitation funds, names of people responsible for the distribution of collected funds, date, hours and location of solicitation.➤ Attach a financial statement which includes the amounts of any wages, fees, commissions, costs or expenses paid or which are expected to be paid in connection with solicitation. Also list names of persons to whom payments have been made or will be made and the amounts of such payments.➤ Attach a copy of the budget showing solicitations for this fiscal or calendar year.
Transient Merchant <ul style="list-style-type: none">➤ Attach information of where business will be conducted (name of business and address).➤ Include Ramsey County Transient Merchant License Number.

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DBA (doing business as name) (if applicable)	

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

<input type="checkbox"/> I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:	
<input type="checkbox"/> I have no employees.	
<input type="checkbox"/> I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:	
<input type="checkbox"/> Other:	

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.